

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 30299

-63-009356

Registration District No.

318 XE-270342

Primary Registration District No.

1003

Registrar's No.

1704

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FILED FEB 28 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

ST. LOUIS, MISSOURI

22

c. FULL NAME OF (If NOT in-hospital, give location)

HOSPITAL OR  
INSTITUTION VAH, 915 N. GRAND AVE

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

5410 BEACON

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARTIN

E.

SCHNEIDER

## 4. DATE

OF DEATH

Month

Day

Year

2-14-63

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-8-96

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AUTO MECHANIC

## 10b. KIND OF BUSINESS OR INDUSTRY

Auto.

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

LAWRENCE SCHNEIDER

## 13b. MOTHER'S MAIDEN NAME

SCHNEIDER

## 14. NAME OF HUSBAND OR WIFE

ROMANA SCHNEIDER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

YES

WW I

## 16. SOCIAL SECURITY NO.

8

## 17. INFORMANT

ROMANA SCHNEIDER

## Address

SEE #2

## 18. CAUSE OF DEATH (Enter only one cause)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

RESPIRATORY ARREST

## INTERVAL BETWEEN ONSET AND DEATH

1 HR

## DUE TO (b)

BRONCHOGENIA CARCINOMA

1 YR

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA

attended the deceased from 1-23-63

to 2-14-63

and last saw her him alive on 2-14-63

Death occurred at 10:40 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 21. SIGNATURE

(Degree or title)

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

## 22c. DATE SIGNED

2-15-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-18-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis

Mo.

## 24. FUNERAL DIRECTOR

Buenholz Mort. 5967 W. Florissant Av.

## 25. DATE RECD. BY LOCAL REG.

FEB 18 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Nilfred Buchholz  
Licensed Embalmer No. 24551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.